

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/	/	/		51				
2		/	/	/	/		52				
3		/	/	/	/		53				
4		3	/	/	/		54				
5		6	/	/	/		55				
6		1	/	/	/		56				
7		0	/	/	/		57				
8		0	/	/	/		58				
9		0	/	/	/		59				
10		0	/	/	/		60				
11	/		/	/	/		61				
12		/	/	/	/		62				
13		0	/	/	/		63				
14		0	/	/	/		64				
15		0	/	/	/		65				
16	/		/	/	/		66				
17		0	/	/	/		67				
18		0	/	/	/		68				
19		0	/	/	/		69				
20	/		/	/	/		70				
21		/	/	/	/		71				
22		0	/	/	/		72				
23		0	/	/	/		73				
24		0	/	/	/		74				
25		0	/	/	/		75				
26	/		/	/	/		76				
27							77				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				